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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/553,581
	Filing Date	01/30/2006
	First Named Inventor	Franz KASPAR
	Title	Electrical Plug Contacts and a Semi-Finished Product for the Production
	Art Unit	1784
	Examiner Name	Savage, Jason L.
	Attorney Docket Number	4208

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

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OR

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Practitioner(s) Name	Registration Number
WALTER A. HACKLER	27792

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<input checked="" type="checkbox"/> Firm or Individual Name	WALTER A. HACKLER, Ph.D.				
Address	PATENT LAW OFFICE 2372 S.E. BRISTOL STREET, SUITE B				
City	NEWPORT BEACH	State	CALIFORNIA	Zip	92660-0755
Country	US				
Telephone	(949) 851-5010	Email			

I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96), submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Franz Kaspar</i>	Date	08/17/11
Name	Dr. Franz Kaspar	Im Aligeld	004317231-602-250
Title and Company	VP Production & Technology 5181 Plorzhelm		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Country	US				
Telephone	(949) 851-5010	Email			

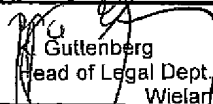
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SIGNATURE of Applicant or Assignee of Record

Signature		Date: 12.08.2011
Name	Guttenberg	Tel.: +49-731-944-2601
Title and Company	Head of Legal Dept. Wieland-Werke AG	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.☒ *Total of 1 forms are submitted.

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